United States District Court

for the

District of North Dakota

U.S. Equal Employment Opportunity Commission)	
Plaintiff	·))	
V.) Civil Action No.	1:23-cv-00192
Jacobson Memorial Hospital Care Center)	
)	
Defendant	-	

SUMMONS IN A CIVIL ACTION

To: Above Named Defendant(s)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Anne Gallerano U.S. Equal Employment Opportunity Commission 230 South Dearborn, Ste 2920 Chicago, IL 60604

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: September 29, 2023



KARI M. KNUDSON, CLERK OF COURT

/s/ Carla Schultz, Deputy Clerk

Signature of Clerk or Deputy Clerk

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Civil Action No. 1:23-cv-00192

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (na	me of individual and title,	if any)						
was re	ceived by me on (date)		·						
	☐ I personally served	d the summons on the	individual at (place						
				on (date)	; or				
	☐ I left the summons	s at the individual's re	sidence or usual pl	ace of abode with (nan	ne)				
	, a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or \[\begin{align*} \text{I served the summons on (name of individual)} \] , we								
	designated by law to accept service of process on behalf of (name of organization)								
				on (date)					
	☐ I returned the sum					; or			
	☐ Other (specify):								
	My fees are \$	for travel a	nd \$	for services, for a to	otal of \$				
	I declare under penalty of perjury that this information is true.								
Date:				Server's signatur	e				
				o de la companya de					
	Printed name and title								
				Server's address					

Additional information regarding attempted service, etc: